

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009549
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 326

Primary Registration District No. _____

Registrar's No. 63

FILED MAR 5 1962

1. PLACE OF DEATH

a. COUNTY

Scotland

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
MemphisLength of stay in lb
84 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Scotland

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

LeRoy

Middle

Noeba

Last

Mustoe

4. DATE
OF DEATH

Month

February 28, 1962

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11/20/1877

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Scotland Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

David Mustoe

13b. MOTHER'S MAIDEN NAME

Esther Davis

14. NAME OF HUSBAND OR WIFE

Dona E. Mustoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

2

17. INFORMANT

Evaun ~~Biggs~~ Biggs Memphis, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocarditis
ArteriosclerosisConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 10 1955 to 2-28-62 and last saw her alive on 2-28-62
Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A M Heethler D O

22b. ADDRESS

Memphis, Missouri

22c. DATE SIGNED

3-1-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

March 2, '62

23c. NAME OF CEMETERY OR CREMATORY

Memphis Cemetery

23d. LOCATION (City, town, or county)

Memphis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

D. W. Payne & Sons Memphis, Mo

25. DATE RECD. BY LOCAL REG.

3-1-62

26. REGISTRAR'S SIGNATURE

Vera J. Turner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10990

20990

3

4 0

5 1

6

7 0

8 0

9422.1

10

11

12 90-2

13 1-0

*Permit Obtained
Mar - 1 - 1962*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Paul Payne*

Licensed Embalmer No. 2550

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.